

DECLARATION

TEN MADERALE

Page 2

						Mr.	MADE					_				
United State disclose info date of the p	es or PCT in ormation whorior applica	ofit under Title 35 Sates of Americ nternational appl nich is material to ation and the nati	ication in to patentable onal or PC	he manne lity as defi T internat	r provid ined in tional fil	ed by th	ne first p	paragra	ph of	an or me cia	ilms of this a	applic	ation is	not d	isclosed	in the prior
•	S. Parent PCT Parent Parent Filing Date Parent Patent Number (MM/DD/YYYY) (if applicable)													ber		
Applic	Numb	(MM/E	<u> </u>	YYYY)		(if applicable									
				 				<u>-</u> .			·					
		PCT internation			_											
As a named Trademark C	Inventor, I I	nereby appoint the ected therewith:	ne followin	g attomey	(s) and/	or agen	t(s) to p	prosecu	te thi	s applicatio	on and to tra	nsac	all bus	iness	in the Pa	atent and
Firm Na	ame									stomer mber	or label	004	123			
	omey(s) an	d/or agent(s) na	me and re	gistration r	number	below:							•			
	Na:	me		Regi: Nu	stratio mber	n	Name					_			Registration Number	
Wayne C				21,0												
Stephen Glenn E.	D. Harp J. Murn	er hv		33,2 33,5		i										
Kimberly		119		39,2												
Addition	al attorney((s) and/or agent(s) named			l sheet	attache	d heret	0.							
Please direct to:		·	Custome Number		label			0042			OR	х	Fill in addre	corres	spondenc	ce
Name	Ste	phen D. Harr	er								<u> </u>					
Address		kel Corporat		tent Dei	partm	ent										
Address		0 Renaissan									-					
City	_	oh Mills				St	ate	TE	PΑ			T 7	ip		19406	
Country	USA	1	Teleph	one	61	0-278	3-4927	3-4927 Fa			ax	+-	10-27	8-65		
willful false	stateme	it all stateme ief are believents and the ed States Cod d thereon.	like so n	nade are	niu iui	ichahl	nat un	ese si	ater	true an	d that all	stat with	ement	ts ma	ade on /ledge	that
Name of	Sole or	First Inven	tor:			,				A petitio	n has been	filed	for this i	unsigr	ned inver	ntor
Given James Name				Middle Initial K.			Family Hawle		wley	У			Suffix e.g. Jr.			
Inventor's Signature				5							Date 8/29/8	,				
Residence: City Sheffield Village				State	0	Н	Country USA			774	Citizenship			USA		
Post Office4	/e							- 								
Post Office A	Address					-					-					
City She	ffield Villa	age .	State	ОН	Zip	440	50	Count	ту	USA			pplica uthorit			
× Addit	ional inve	ntors are bein	g named	on suppl	lement	al she	et(s) at	ttached	d he	reto						

"Express Mail" mailing label nun	nber_	Date of Deposit	_	
Type a plus sign (+) inside this	JAN 0 9 201	£ ^+	proved for use through: 10/31/98 O	
0010/PTO Rev. 6/95	U.S. Department of OctomeRADE Patent and Trademark Office	Attorney Docket	M 6675 MANCO	
DECLARA	TION FOR	Number First Named Inventor	Hawley, et al	
UTILITY O		COM	PLETE IF KNOWN	
PATENT AP	PLICATION	Application Number		
	LIOATION	Filing Date		
	OR X Declaration	Group Art Unit		
Submitted with Initial Filing	Submitted after Initial Filing	Examiner Name		
	ned and for which a patent is sought of R SHELF LINER		d joint inventor (if plural names are listed b	
x is attached hereto	·		ı	
was filed on (MM/DD/YYY	Υ)	as United St	ates Application Number or PCT Internation	onal
Application Number	and was am	ended on (MM/DD/YYYY)	(if applicable	э).
I hereby state that I have reviewed a amendment specifically referred to a		pove identified specification, inclu	uding the claims, as amended by any	
·	nformation which is material to patent	tability as defined in Title 37 Cod	e of Federal Regulations, ∋ 1.56.	
certificate, or >365(a) of any PCT Int and have also identified below, by cl	ernational application which designat	ted at least one country other that ion for patent or inventor's certific	eign application(s) for patent or inventor's in the United States of America, listed belocate, or of any PCT International application	ow n
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Certified Copy Attack Not Claimed YES NO	
Additional foreign application n	umbers are listed on a supplemental	priority sheet attached hereto:		
I hereby claim the benefit under Title	35, United States Code ₃119(e) of a			
Application Number(s)	Filing Date (MM/DD/YYYY)		Iditional provisional plication numbers	
		su	e listed on a pplemental priority eet attached hereto.	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

		D	ECLA	RA ſI	ON									TIONAL upplom					675 N
Nan	ne of	Additio	nal Joint	Inv nto	or, if a	ny:		•	••] ;	A po	•	has beer				nsign	ed
Giver Name		Elizal	Elizabeth			Middle A			Fam		1	Flores						uffix g. Jr.	
Inven		Len	ebeth	A	2	בינים/	2	2				_		Date	T	01	т.		
Residence: City Sheffield Lake State							_)H				USA			1	3/23/0/ Citizenship USA			
Post (Office .	Address	420 Buck	eye Driv	e		Щ.									710Z-611S	riip	103/	
Post (Office .	Address												 					
City Sheffield Lake Sta			State	OH Zip			44054		Co	Country US		USA		Applicant Authority					
Nam	e of	Addition	nal Joint I	nvento	r, if ar	ny:			•] A	\ pe	tition h	as been	filed	for thi	s ur	nsigne	d
Given Name				Middle Initial			Fan Nan		mily me	ily e							ffix 1. Jr.	T	
Invent Signat	ure													Date					<u></u>
	ence: (Stat	te			C	ountr	7	US	A		C	itizensh	nip		
		ddress																	
City	mice A	ddress		C/	T		_	<u></u>											
	,			State		Zi	P			Cou	ıntry				Á	Applicar Authority	nt y		
lame	of A	ddition	al Joint Ir	rventoi	, if an	y:					A	pet ent	ition ha	as been 1	filed	for this	un	signed	i
Siven Iame				Middle Initial				Fan Nan	nily ne	ly e					Suffix e.g. Jr.				
vento ignati			·						<u>. </u>					Date	T		e.y.	J1.	1
eside	nce: C	ity			State	• T			Co	untry	Т					izor-t'			
ost O	fice A	dress		~ ~					1						Cit	izenshi	μ		
ost Of	fice A	dress			-		_				_					<u> </u>			
ity		· (State		Zip				Cou	ntry	T			A	pplican uthority	t		
lame	of A	dditiona	ıl Joint in	ventor	if any	/ : 、					A p	oeti ento	tion ha	s been fi	led fo	or this	uns	igned	
iven ame					Middle Initial	T	_		Fami	ily e							Suffi	X Ir	
ventor gnatu	's re			<u> </u>			_	.,			<u> </u>			Date	T		o.y.	vi.	L
esidence: City			State	State			Cou	ountry					Citiz	zenship	, T		·		
st Off	ice Ad	dress	×							_							L		
	ice Ad	dress															_	· ·	
ty			j	State		Zip				Coun	try				Ap	plicant	T		
\Box	Addition	nal invento	ors are being			<u> </u>					-	<u></u>			Au	thority			